

# Remaining Authority by Object/Subobject

Expenditures current through 12/30/2017 10:23:32 AM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 50.1%

09213 Board of Certified Prof Midwives - Info							PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL	
<b>EMPLOYEE SALARIES</b>							
5101030 Board & Comm Mbrs Fees	0	540	0	0	-540	0.0	
<b>Subtotal</b>	<b>0</b>	<b>540</b>	<b>0</b>	<b>0</b>	<b>-540</b>	<b>0.0</b>	
<b>EMPLOYEE BENEFITS</b>							
5102010 Oasi-employer's Share	0	41	0	0	-41	0.0	
<b>Subtotal</b>	<b>0</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>-41</b>	<b>0.0</b>	
<b>51 Personal Services</b>							
<b>Subtotal</b>	<b>0</b>	<b>581</b>	<b>0</b>	<b>0</b>	<b>-581</b>	<b>0.0</b>	
<b>TRAVEL</b>							
5203030 Auto-priv (in-st.) H/rte	650	102	0	0	548	84.3	
5203100 Lodging/in-state	200	165	0	0	35	17.5	
5203140 Meals/taxable/in-state	100	0	0	0	100	100.0	
5203150 Non-taxable Meals/in-st	0	36	0	0	-36	0.0	
5203260 Air-comm-out-of-state	0	582	0	0	-582	0.0	
5203320 Incidentals-out-of-state	0	71	0	0	-71	0.0	
5203350 Non-taxable Meals/out-st	0	28	0	0	-28	0.0	
<b>Subtotal</b>	<b>950</b>	<b>984</b>	<b>0</b>	<b>0</b>	<b>-34</b>	<b>0.0</b>	
<b>CONTRACTUAL SERVICES</b>							
5204020 Dues & Membership Fees	600	0	0	0	600	100.0	
5204080 Legal Consultant	3,000	0	0	0	3,000	100.0	
5204090 Management Consultant	10,500	0	0	0	10,500	100.0	
5204180 Computer Services-state	28	0	0	0	28	100.0	
5204190 Computer Services-private	500	0	0	0	500	100.0	
5204200 Central Services	812	23	0	0	789	97.2	
5204204 Central Services	150	0	0	0	150	100.0	
5204207 Central Services	130	146	0	0	-16	0.0	
5204360 Advertising-newspaper	1,690	0	0	0	1,690	100.0	
5204460 Equipment Rental	0	25	0	0	-25	0.0	
5204510 Rents-other	0	95	0	0	-95	0.0	
5204590 Ins Premiums & Surety Bds	700	0	0	0	700	100.0	
5204960 Other Contractual Service	260	0	0	0	260	100.0	
<b>Subtotal</b>	<b>18,370</b>	<b>289</b>	<b>0</b>	<b>0</b>	<b>18,081</b>	<b>98.4</b>	
<b>SUPPLIES &amp; MATERIALS</b>							
5205020 Office Supplies	50	0	0	0	50	100.0	

## Remaining Authority by Object/Subobject

Expenditures current through 12/30/2017 10:23:32 AM

HEALTH -- Summary

FY 2018 Version -- AS -- Budgeted and Informational

FY Remaining: 50.1%

<b>09213</b>	<b>Board of Certified Prof Midwives - Info</b>						<b>PCT</b>
<b>Subobject</b>		<b>Operating</b>	<b>Expenditures</b>	<b>Encumbrances</b>	<b>Commitments</b>	<b>Remaining</b>	<b>AVL</b>
5205320	Printing-commercial	50	0	0	0	50	100.0
5205350	Postage	100	0	0	0	100	100.0
5205390	Food Stuffs	0	154	0	0	-154	0.0
<b>Subtotal</b>		<b>200</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>23.0</b>
<b>CAPITAL OUTLAY</b>							
5207900	Computer Hardware	480	0	0	0	480	100.0
<b>Subtotal</b>		<b>480</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>480</b>	<b>100.0</b>
<b>52 Operating</b>							
<b>Subtotal</b>		<b>20,000</b>	<b>1,427</b>	<b>0</b>	<b>0</b>	<b>18,573</b>	<b>92.9</b>
<b>Total</b>							
<b>Total</b>		<b>20,000</b>	<b>2,008</b>	<b>0</b>	<b>0</b>	<b>17,992</b>	<b>90.0</b>

# South Dakota Board of Certified Professional Midwives

[Address]  
[City, State, Zip]  
[Phone]

## PROVISIONAL LICENSE AS A STUDENT MIDWIFE PRECEPTOR AGREEMENT

PRECEPTOR

STUDENT MIDWIFE

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS  
NAME \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ ( ) \_\_\_\_\_  
Street Address Phone

City

State

Zip

Fax

STUDENT SCHOOL OF ENROLLMENT \_\_\_\_\_

### We understand and agree to abide by the following guidelines:

- Midwifery practice shall not be permitted, until this Preceptor Agreement has been approved by the Board.
- The Provisional License shall only provide services under the ongoing direct supervision of the Board approved preceptor.
- The Provisional Licensed Student Midwife shall adhere to the South Dakota statutes 36-9C-1 through 36-9C-37, and the Administrative Rules promulgated by the Board.
- The Provisional Licensed Student Midwife shall adhere to the National Association of Certified Professional Midwives Standards of Practice.
- The Preceptor and the Provisional Licensed Student Midwife shall provide full disclosure of the supervised nature of their work to every client before or during the first appointment.
- The Preceptor shall allow the Provisional Licensed Student Midwife to provide midwifery services independently of their Preceptor.
- The Preceptor shall keep records verifying the training and evaluation of the Provisional Licensed Student Midwife, including the precise nature of services rendered.
- The Preceptor shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.
- The Preceptor assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the Provisional Licensed Student Midwife within the scope of the supervision.

PRECEPTOR

STUDENT MIDWIFE

Signature

Date

Signature

Date

**No digital or stamped signatures**

Any changes in preceptorship shall be submitted to the Board for approval within ten (10) days of the change.

The signed agreement must be mailed to: South Dakota Board of Certified Professional Midwives, [Address], [City, State, Zip]

Effective Date of Agreement: \_\_\_\_\_ Board Representative: \_\_\_\_\_



## MATERNAL TRANSFER FORM

Patient's Full Name: \_\_\_\_\_ Weeks Gestation: \_\_\_\_\_ Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ G: \_\_\_\_ P: \_\_\_\_ EDD: \_\_\_\_\_ Based on: ☐ LMP/Conception ☐ Dating Ultrasound

Referring Provider \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_

Name of person receiving call: \_\_\_\_\_ Time Called: \_\_\_\_\_

Does receiving hospital have medical records: ☐ YES ☐ NO ☐ UNKNOWN

Medical Records Included: ☐ # of pages \_\_\_\_\_

### **SITUATION** and Reason for Transport

\_\_\_\_\_

\_\_\_\_\_

**Status at Time of Transport:** ☐ Stable ☐ Unstable

FHTs:		Ctx Pattern:		<b>Mode of Transport</b> <input type="checkbox"/> Private Vehicle <input type="checkbox"/> EMS <input type="checkbox"/> Other EMS Staff: _____ Called: _____ Arrived: _____ Departed: _____ Time at hospital door: ____:____ Time at L&D room: ____:____ Time Hospital Provider Received ____:____ Time verbal report: ____:____	
Dilation/Station:		BP: ____ / ____			
Last food/fluid PO (date/time):		Temp:	Pulse:		
Last Void Time: ____:____		Ultrasound Findings:			
IV Gauge:					
Total infused prior to transport:					
<b>Labor History:</b> Latent Onset: (date/time): ____/____/____ Active Onset: (date/time): ____/____/____ 2 <sup>nd</sup> Stage Onset: (date/time): ____/____/____ AROM/SROM: (date/time): ____/____/____				Birth: (date/time): ____/____/____ Placenta: (date/time): ____/____/____ EBL: _____ Fluid: <input type="checkbox"/> CLEAR <input type="checkbox"/> MECONIUM <input type="checkbox"/> BLOODY Lacerations: <input type="checkbox"/> NO <input type="checkbox"/> YES, Details _____	

### **BACKGROUND**

Current Pregnancy Complications: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Prior Pregnancy Outcomes: \_\_\_\_\_

☐ NKDA, Allergies: \_\_\_\_\_ Height/Weight: \_\_\_\_\_ / \_\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_

Blood Type: \_\_\_\_\_ BP Baseline: \_\_\_\_ / \_\_\_\_ GDM Testing: ☐ YES ☐ NO Hct: \_\_\_\_ (date: \_\_\_\_\_)

ALERTS: ☐ Rh- ☐ HSV+ ☐ Rubella Non-Immune ☐ HEP B+ ☐ HIV+  
☐ GBS Unknown ☐ GBS+ ☐ GBS- (date: \_\_\_\_\_)

ASSESSMENT: \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_



## NEWBORN TRANSFER FORM

Patient's Full Name: \_\_\_\_\_ ☐ Male ☐ Female Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ EDD: \_\_\_\_\_

Referring Provider \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Gestation: \_\_\_\_\_

Referred to: \_\_\_\_\_

Does receiving hospital have medical records: ☐ YES ☐ NO ☐ UNKNOWN

Medical Records Included: ☐ # of pages \_\_\_\_\_

### SITUATION and Reason for Transport

\_\_\_\_\_  
\_\_\_\_\_

Status at Time of Transport: ☐ Stable ☐ Unstable

#### Mode of Transport

☐ Private Vehicle ☐ EMS

EMS Staff: \_\_\_\_\_

Called: \_\_\_\_\_ Arrived: \_\_\_\_\_ Departed: \_\_\_\_\_

Time at L&D room: \_\_\_\_:\_\_\_\_

Time Hospital Provider Received \_\_\_\_:\_\_\_\_

Time verbal report: \_\_\_\_:\_\_\_\_

#### Labor History:

Latent Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Active Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

2<sup>nd</sup> Stage Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

AROM/SROM: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Birth: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Placenta: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

EBL: \_\_\_\_\_

Fluid: ☐ CLEAR ☐ MECONIUM ☐ BLOODY

Lacerations: ☐ NO ☐ YES, Details \_\_\_\_\_

NEWBORN TRANSITION: ☐ RESUS ☐ SUCTION ☐ O2 ☐ PPV ☐ CHEST COMPRESSIONS

NEWBORN EXAM: Birth Weight: \_\_\_\_\_ APGAR: 1MIN: \_\_\_\_\_ 5 MIN: \_\_\_\_\_ 10 MIN: \_\_\_\_\_

Significant Findings: \_\_\_\_\_

Last VS: Time: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Resp. Rate: \_\_\_\_\_ Temp: \_\_\_\_\_ SpO2: \_\_\_\_\_

Feeding Concerns: \_\_\_\_\_ Blood Glucose: \_\_\_\_\_ Last Feed (time): \_\_\_\_:\_\_\_\_

☐ Eye Tx ☐ Vitamin K (☐ IM / ☐ Oral) ☐ CCHD Screening ☐ Metabolic Screening

#### MATERNAL BACKGROUND

Current Pregnancy Complications: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Prior Pregnancy Outcomes: \_\_\_\_\_

☐ NKDA, Allergies: \_\_\_\_\_ Height/Weight: \_\_\_\_\_/\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_

Blood Type: \_\_\_\_\_ BP Baseline: \_\_\_\_/\_\_\_\_ GDM Testing: ☐ YES ☐ NO Hct: \_\_\_\_\_ (date: \_\_\_\_\_)

ALERTS: ☐ Rh- ☐ HSV+ ☐ Rubella Non-Immune ☐ HEP B+ ☐ HIV+

☐ GBS Unknown ☐ GBS+ ☐ GBS- (date: \_\_\_\_\_)

ASSESSMENT: \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_

South Dakota Board of Certified Professional Midwives  
**Birth Reporting Form**

South Dakota Certified Professional Midwives Administrative Rules, 20:85:04:07: "The certified professional midwife shall pay a birth delivery fee of \$100 accompanied by the birth reporting form, within 30 days of delivery."

**\*\*Note:** The \$100 fee should ONLY be sent to the Board if the certified professional midwife completes the delivery.

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address : \_\_\_\_\_

Client Code (ID): \_\_\_\_\_ County of Birth: \_\_\_\_\_

Gravida/Para: \_\_\_\_\_ Age of Mother: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Weight of Baby: \_\_\_\_\_  
Lbs oz

Sex of Baby: ☐ Male ☐ Female Est. Gestational Age: \_\_\_\_\_  
Weeks

APGARS: 1/ \_\_\_\_\_ 5/ \_\_\_\_\_ 10/ \_\_\_\_\_

Method of Delivery: ☐ Vaginal ☐ VBAC ☐ C-Section

Transport Necessary: ☐ YES\* ☐ NO If yes, was transport for: ☐ Mother ☐ Infant

**\*\*If transport occurred, describe in detail on a separate page, management and outcome. Attach hospital Transport Form.**

☐ Completed Birth Reporting Form

Checklist ☐ ☐ Typed narrative and Transport Form (if transport occurred)

☐ \$100 Birth Delivery Fee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[address of SD Board of Certified Professional Midwives]  
[website]

**South Dakota Board of Certified Professional Midwives**

[insert address]

[insert city, state, zip]

[insert phone and fax]

EMAIL: [insert email] WEBSITE: [insert website]

**INFORMED CONSENT FORM – CERTIFIED PROFESSIONAL MIDWIFERY**

Licensed Certified Professional Midwives (CPM) in the State of South Dakota shall follow South Dakota regulations in Title 36, Chapter 9C of the South Dakota Code. Prior to accepting a woman into care, a Licensed Certified Professional Midwife shall first obtain written informed consent per *SDCL 36-9C-33*.

Certified Professional Midwives (CPMs) are required to file birth reports and to follow all newborn screenings required by South Dakota law and administrative rule.

The complete rules and regulations can be found on the Board website at [insert website]

Enclosed you will find, in the Certified Professional Midwife's own words, Informed Consent for midwifery care. Please initial each of the following sections as you have read and understood the following:

\* the Certified Professional Midwife's educational background, the nature and scope of the care to be given including the possibility of and procedure for transport of the patient to a hospital. \_\_\_\_\_

\* the available alternatives to Certified Professional Midwife's care. \_\_\_\_\_

\* a description of the risks of home birth, primarily those conditions that may arise during delivery. \_\_\_\_\_

\* the fact that you, the patient, have been advised to consult with a physician at least twice during your pregnancy. \_\_\_\_\_

\* whether midwifery services to be provided are located more than 50 miles from the nearest hospital. \_\_\_\_\_

\* that a health care provider's liability in rendering care or assistance in good faith to a patient of a Certified Professional Midwife in an emergency situation is limited to damages caused by gross negligence or by willful or wanton acts or omissions. \_\_\_\_\_

Additional information may be attached/included.

Patient/Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

CPM's Signature: \_\_\_\_\_ Date \_\_\_\_\_

License #: \_\_\_\_\_



## ARTICLE 20:85

### CERTIFIED PROFESSIONAL MIDWIVES

#### Chapter

20:85:01	Definitions
20:85:02	Licensing
20:85:03	The practice of certified professional midwifery
20:85:04	Fees
20:85:05	Disciplinary procedures
20:85:06	Informed Consent
20:85:07	Criteria for low risk

## ARTICLE 20:85:01

### DEFINITIONS

#### Section

20:85:01:01	Definitions
-------------	-------------

**20:85:01:01. Definitions.** Terms defined in SDCL chapter 36-9C have the same meaning when used in this article.

(a) "Post-partum" means occurring in approximately the six (6) week period after childbirth.

(b) "Medical Provider" means a provider of medical or health services.

**General Authority:** SDCL 36-9C-32

**Law Implemented:** SDCL 36-9C-4

## ARTICLE 20:85:02

### LICENSING

#### Section

- 20:85:02:01 Qualifications for licensure
- 20:85:02:02 Licensure by reciprocity
- 20:85:02:03 Background check required
- 20:85:02:04 Issuance of license
- 20:85:02:05 Renewal of license
- 20:85:02:06 Relicensure
- 20:85:02:07 Inactive status and reactivation of license

**20:85:02:01. Qualifications for licensure.** No person may be licensed to practice as a certified professional midwife in this state unless the person has completed the requirements set forth in SDCL 36-9C-4. In addition, each applicant shall ensure that the board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure. Every applicant shall provide:

- (a) Completed application and fee;
- (b) Evidence they have not been convicted of a crime which in the judgment of the board renders the person unfit to practice midwifery;
- (c) Fingerprints and other information necessary for a criminal history check;
- (d) Applicant may be required to appear for a personal interview with the Board if deemed appropriate by the board.

**General Authority:** SDCL 36-9C-32

**Law Implemented:** SDCL 36-9C-4; 36-9C-12

**20:85:02:02. Application for license by reciprocity.** An applicant may seek licensure by reciprocity if they hold a license in good standing to engage in the practice of midwifery under the laws of another state provided:

- (a) The applicant is currently licensed or certified by any state with requirements at least as stringent as South Dakota; and
- (b) The applicant has not been sanctioned in another state without resolution satisfactory to the Board.

**General Authority:** SDCL 36-9C-32

**Law Implemented:** SDCL 36-9C-4

**20:85:02:03. Background check required.** Upon application for licensure, each applicant in this state shall submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Failure to submit or cooperate with the criminal background investigation is grounds for denial of an application. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-12

**20:85:03:04. Issuance of license.** (renewal date will be a specific date and will be determined after the executive director is hired.)

**General Authority:** SDCL 36-9C-32

**Law Implemented:** SDCL 36-9C-11

**20:85:02:05. Renewal of license.** A notice for renewal of license shall be sent by the board to the last known address of each current licensee. Address may either be physical or electronic. Within the time provided in the notice, the following shall be submitted to the Board. Failure to receive the notice for renewal of license does not relieve the licensee of the responsibility for renewing the license and paying the renewal fee within the prescribed time. Any fee for renewal of license delivered in person to the board or postmarked after the filing date indicated in the notice shall not be accepted, and the license shall lapse. A lapsed license may be reinstated only in accordance with the provisions of SDCL 36-9C-17.

**General Authority:** SDCL 36-9C-32



**Implemented Law:** SDCL 36-9C-15, 36-9C-16

**20:85:02:06. Relicensure.** An applicant may seek relicensure if the applicant has been licensed in this state and either failed to timely renew or is seeking to return to active clinical practice. The following must be submitted at the time of reapplication:

- (a) a completed application and payment of fee;
- (b) a current CPM certification from NARM;
- (c) satisfactory explanation for such failure to renew;
- (d) evidence of employment status during the preceding six years as described in SDCL §36-9C-16.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-16, 36-9C-17, 36-9C-18

**20:85:02:07. Inactive status.** Upon filing with the board a written statement requesting inactive status and paying the fee prescribed by chapter 20:48:04, the licensee shall be placed on inactive status and issued an inactive status card. Reinstatement of an inactive license shall follow the requirements set forth in 20:85:02:06. Any individual who holds inactive licensure status is prohibited from practicing as a certified professional midwife.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-18

## **ARTICLE 20:85:03**

### **THE PRACTICE OF CERTIFIED PROFESSIONAL MIDWIFERY**

#### **Section**

20:85:03:01 Scope and practice standards.

20:85:03:02 Conditions where physician involvement is required.

- 20:85:03:03 Conditions where physician involvement shall be recommended.
- 20:85:03:04 Conditions where transfer to hospital shall be facilitated.
- 20:85:03:05 Emergency transport and transfer plan.
- 20:85:03:06 Record keeping.
- 20:85:03:07 Newborn care.
- 20:85:03:08 Medical waste.
- 20:85:03:09 Professional standards.

**20:85:03:01. Scope and practice standards.** A licensed **certified professional** midwife shall adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.

(1) The following conditions for which a licensed professional midwife may not provide care for a client:

(a) A current **or unresolved previous** history of any of the following disorders, diagnoses, conditions, or symptoms:

- (1) **Placental abnormality;**
- (2) **Regular alcohol use or drug use/abuse/dependency;**
- (3) **Cardiac disease;**
- (4) **Insulin Dependent Diabetes Mellitus;**
- (5) **Pre-eclampsia;**
- (6) **Noncephalic presentation at the onset of labor or rupture of membranes,**  
**whichever occurs first, unless birth is imminent;**
- (7) **Birth under thirty-seven (37) weeks or after forty-two (42) weeks**  
**gestational age;**
- (8) **Cervical insufficiency;**

- (9) Current Renal disease;
- (10) Current Liver disease;
- (11) Pulmonary disease, Active Tuberculosis, or severe uncontrolled asthma;
- (12) Unresolved seizure disorder;
- (13) Systemic lupus;
- (14) Active Hepatitis;
- (15) Congenital defects of the reproductive organs that would interfere with the birthing process;
- (16) Essential Hypertension;
- (17) Mother has metabolic disease such as PKU;
- (18) Rh negative disease as indicated by positive titers;
- (19) Failure to document basic prenatal lab work (blood group type, RH antibody screening, hemoglobin around 28 weeks gestation) or signed refusal;
- (20) Rubella during the first trimester;
- (21) Persistent pregnancy induced hypertension;
- (22) Convulsions;
- (23) Confirmed Central Placenta Previa at term;
- (24) Signs indicative of placental abruption;
- (25) Placenta located over previous uterine scar;
- (26) Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth;
- (27) Hemoglobin less than 9 at 36 weeks;



- (28) Premature labor: less than 36 weeks;
- (29) Serious viral/bacterial infection at term;
- (30) Documented persistent and unresolved intrauterine growth restriction;
- (b) A past history of any of the following disorders, diagnoses, conditions, or symptoms;
  - (1) More than one (1) prior cesarean section with no history of a vaginal birth, a cesarean section within eighteen (18) months of the current delivery, or any cesarean section that was surgically closed with a classical or vertical uterine incision;
  - (2) Rh or other blood group or platelet sensitization, hematological or coagulation disorders;
  - (3) Cervical insufficiency.
- (c) Unwillingness to accept midwife's limitations, prohibitions, and responsibilities for safe practice;
- (d) Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care; or
- (e) Any other condition which may preclude the possibility of a normal birth, at the midwife's discretion.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-13

**20:85:03:02. Conditions where physician involvement is required.** A certified professional midwife may not provide care for a client with a current history of disorders, diagnoses, conditions, or symptoms listed herein unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed physician. Before providing care to such a client, the licensed midwife shall notify the client in writing that the client shall obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the certified professional midwife. The certified professional midwife shall,

additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, condition, and symptoms are:

- (1) Diabetes;
- (2) Thyroid disease;
- (3) Epilepsy;
- (4) Hypertension;
- (5) Cardiac disease;
- (6) Pulmonary disease;
- (7) Renal disease;
- (8) Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract;
- (9) Hepatitis;
- (10) HIV positive;
- (11) Unresolved vaginal or urinary tract infection;
- (12) Suspected size/dates discrepancies for three (3) consecutive prenatal visits (ultrasound evaluation meets this requirement for consultation);
- (13) Unresolved anemia with documented hemoglobin of 10 or less;
- (14) Observed maternal cardiac irregularities;
- (15) Suspected Pyelonephritis;
- (16) Elevated blood glucose levels unresponsive to dietary and exercise management;
- (17) Abnormal vaginal bleeding before onset of labor;
- (18) Suspect Thromboembolism or Thrombophlebitis;
- (19) Fetal heart tones not heard by 24 weeks gestation or at any later point in the pregnancy;
- (20) Abnormal fetal heart tones detected prenatally;

- (21) Marked decrease or cessation of fetal movement;
- (22) Suspected or known postdates pregnancy beyond 42 weeks gestation with biophysical score of less than 6/8 or family declining BPP at 42 weeks 0 days or later;
- (23) Active pushing longer than 4 hours on first time mother with no descent or 3 hours on subsequent births with no descent;
- (24) Indications that the baby has died in utero;
- (25) Indications of infection in the immediate postpartum;
- (26) Medical significant newborn anomaly;
- (27) Newborn temperature of 100.8 or greater for 2 consecutive reading in 1 hour;
- (28) Newborn cardiac irregularity;
- (29) Significant clinical evidence of prematurity;
- (30) Birth weight of less than 5 pounds;
- (31) 2 vessel cord;
- (32) Jaundice within the first 24 hours;
- (33) Failure to pass urine within the first 24 hours or failure to pass meconium within first 48 hours;
- (34) Signs of umbilical infection unresponsive to treatment;
- (35) Unresolved bleeding in excess of normal lochia flow;
- (36) Subinvolution;
- (37) Failure of laceration to heal properly or signs of infection unresponsive to treatment;
- (38) Signs of serious postpartum depression or psychosis;
- (39) Tremors, hyperactivity or seizures;
- (40) Significant hematological disorders;



- (41) Significant uterine or vaginal anomalies;
- (42) Isoimmunization with an antibody known to cause hemolytic disease of the newborn;
- (43) Suspected decreased amniotic fluid levels unresponsive to increased fluid intake within 24-48 hours;
- (44) Marked skeletal abnormalities that would interfere with the birth process;
- (45) Primary outbreak of genital herpes; or
- (46) The pregnant woman or midwife wishes such care of consultation.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-36

**20:85:03:03. Conditions where physician involvement shall be recommended.** Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed, a certified professional midwife shall provide written notice to the client that the client is advised to see a licensed physician during the client's pregnancy. Additionally, the certified professional midwife shall obtain the client's signed acknowledgment that the client has received the written notice. The disorders, diagnoses, condition, and symptoms are:

- (1) Previous complicated pregnancy;
- (2) Previous cesarean section;
- (3) Previous pregnancy loss in second or third trimester;
- (4) Previous spontaneous premature labor;
- (5) Previous preterm rupture of membranes;
- (6) Previous preeclampsia;
- (7) Previous hypertensive disease of pregnancy;
- (8) Prior infection with parvo virus, toxoplasmosis, cytomegalovirus or herpes simplex virus;
- (9) Previous newborn group B streptococcus infection;
- (10) A body mass index of forty (40.0) or greater at the time of conception;

- (11) Underlying family genetic disorders with potential for transmission; or
- (12) Psychiatric illness.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-36

**20:85:03:04. Conditions where transfer to hospital shall be facilitated.** A certified professional midwife shall facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnosis, conditions or symptoms:

- (1) Infection during labor or immediately postpartum where maternal temperature is above 100.8 degrees Fahrenheit and foul smelling amniotic fluid, shaking, chills, or elevated pulse are present;
- (2) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium , or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;
- (3) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;
- (4) Second stage labor after three (3) hours without adequate progress, and third stage labor after one (1) hour without adequate progress;
- (5) Current spontaneous premature labor;
- (6) Current preterm premature rupture of membranes;
- (7) Signs of pre-eclampsia or eclampsia;
- (8) Current hypertensive disease of pregnancy;
- (9) Continuous uncontrolled bleeding;
- (10) Suspected placenta accreta;

- (11) Hemorrhage not responsive to treatment;
- (12) Unresolved maternal shock;
- (13) Cord prolapse;
- (14) Transverse in labor;
- (15) Excessive antepartum and intrapartum painless vaginal bleeding;
- (16) Cardiac arrest;
- (17) Delivery injuries to the bladder or bowel;
- (18) Seizures;
- (19) Uncontrolled vomiting;
- (20) Coughing or vomiting of blood;
- (21) Severe chest pain or cardiac irregularities;
- (22) Apnea;
- (23) Persistent uterine atony;
- (24) Uterine inversion;
- (25) Apgar score of 6 or less at 10 minutes of age and not improving;
- (26) Abnormal color in newborn, persistent central cyanosis;
- (27) Unresolved abnormal cry in newborn;
- (28) Obvious or suspected birth injury;
- (29) Newborn cannot maintain body temperature;
- (30) Inability of newborn to feed well due to lethargy;
- (31) Newborn temperature of 100.8 two consecutive readings ten (10) minutes apart;
- (32) Maternal shortness of breath or labored breathing; or
- (33) Birthing woman desires transport for herself and/or her newborn.



**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-36

**20:85:03:05. Emergency transport and transfer plan.** When facilitating a transfer, the certified professional midwife shall notify the hospital when the transfer is initiated, accompany the client to the hospital if feasible, or communicate by telephone with the hospital if the certified professional midwife is unable to be present. The certified professional midwife shall also ensure that the transfer of care is accompanied by the client's medical record, which shall include:

- (1) The client's name, address, and next of kin contact information;
- (2) A list of diagnosed medical conditions;
- (3) A list of prescription or over the counter medications regularly taken;
- (4) A history of previous allergic reactions to medications; and
- (5) Required transfer form.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-36

**20:85:03:06. Record keeping.** Each client record shall be retained for a minimum of ten (10) years after the birth during which time reasonable efforts are to be made to advise clients of closure of practice or change in record location.

**General Authority:** SDCL 36-9C-32

**Law Implemented:** SDCL 36-9C-13

**20:85:03:07. Newborn care.** Certified professional midwives shall adhere to the following requirements:

- (1) Shall carry the equipment necessary for resuscitation of the newborn.

- (2) Shall transfer (immediately if indicated) any newborn showing the following signs to the nearest hospital or pediatric care provider:
- (a) Ten (10) minute Apgar score of less than seven (7);
  - (b) Signs of medically significant anomaly;
  - (c) Signs of respiratory distress including respiratory rate over eighty (80) per minute, poor, color, grunting, nasal flaring and/or retractions that are not showing consistent improvement;
  - (d) Need for oxygen for more than twenty (20) minutes, or after one (1) hour following the birth;
  - (e) Seizures;
  - (f) Fontanel full and bulging;
  - (g) Obvious or suspected birth injury;
  - (h) Cardiac irregularities including a heart rate that is consistently below eight (80) beats per minute or greater than one hundred sixty (160) beats per minute; poor capillary refilling (greater than three (3) seconds);
  - (i) Pale, cyanotic, gray color;
  - (j) Lethargy or poor muscle tone;
  - (k) Temperature instability;
  - (l) Unresolved abnormal cry: weak or high-pitched;
  - (m) Jaundice at less than twenty-four (24) hours;
  - (n) Temperature of 100.8 two consecutive readings ten minutes apart;
  - (o) Loss of greater than ten (10) percent birth weight; or
  - (p) Birthing woman desires transport for her newborn.

- (3) All certified professional midwives shall comply with all newborn screenings required by state law and administrative rule.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-13, 36-9C-35, 36-9C-37

**20:85:03:08. Medical waste.** Medical waste removed from a private residence will be disposed of according to the following protocol:

- (1) **Containers for non-sharp, medical waste.** Medical waste, except for sharps, shall be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.
- (2) **Containers for sharps.** Sharps shall be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. Rigid containers of discarded sharps shall either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags.
- (3) **Storage duration.** Medical waste may not be stored for more than seven (7) days, unless storage temperature is below thirty-two (32) degree Fahrenheit. Medical waste shall never be stored for more than ninety (90) days.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-13

**20:85:03:09. Professional standards.** Persons licensed by the board shall:

- (1) Use the term “Certified Professional Midwife” and/or the initials “CPM;”
- (2) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare;
- (3) Render services to clients, as necessary, for routine prenatal care, or diagnostic or therapeutic purposes;
- (4) Practice only within the competency areas for which they are trained and experienced.  
The licensee shall be able to demonstrate to the board competency, training, and/or expertise;
- (5) Report to the board outcomes of all clients for which they have provided services at any point during labor or delivery within thirty (30) days after each birth;
- (6) Report to the board known or suspected violations of the laws and regulations governing the practice of licensed professionals;
- (7) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition;
  - (a) The licensee shall make provisions for the retention and/or release of client records. If the licensee is unable to do so, such provision shall include the naming of a qualified person who will retain the client records and properly release the client records upon request.



- (8) Clearly state the person's licensure status by the use of a title or initials such as "certified professional midwife (CPM)" or a statement such as "licensed by the South Dakota Board of Certified Professional Midwives" in any advertising, public directory or solicitation, including telephone directory listings;
- (9) Respond to all requests for information and all other correspondence from the board;
- (10) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of these rules and regulations;
- (11) Not use vacuum extraction or forceps as an aid in the delivery of a newborn; and
- (12) Not perform abortions.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-13

## **ARTICLE 20:85:04**

### **FEES**

#### **Section**

- |             |                         |
|-------------|-------------------------|
| 20:85:04:01 | Initial licensure       |
| 20:85:04:02 | Biennial renewal        |
| 20:85:04:03 | Lapsed license          |
| 20:85:04:04 | Initial student license |
| 20:85:04:05 | Inactive license status |
| 20:85:04:06 | Other fees              |
| 20:85:04:07 | Birth delivery fee      |

**20:85:04:01. Initial licensure.** Each person licensed to practice in this state shall, or who holds an endorsement from another state, shall pay an initial licensure fee of \$1,000.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:02. Biennial renewal.** Each person licensed to practice within this state shall renew the license biennially by **renewal date[to be determined after executive director is hired]**. The renewal fee is \$1,500. Failure to secure a renewal certificate shall result in a lapse. A lapsed license may be reinstated in accordance with 20:85:03:06.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:03. Lapsed license.** For reinstatement of a lapsed license, the lapsed license holder shall pay the current renewal fee plus five hundred dollars.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:04. Student license.** Each certified professional midwife student who seeks licensure while completing certification requirements shall pay a one-time fee of \$500.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:05. Inactive license status.** Any licensed certified professional midwife who is licensed in this state and who wishes to change the status of their license to inactive shall pay a fee of \$100.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:06. Other fees.** Any person licensed in this state and who has the following requests shall pay the stated fee:

- (a) For providing a transcript, \$25;
- (b) For a name change on a record of the license holder, \$100;
- (c) For issuance of a duplicate license, \$100;
- (d) For endorsement to another state, territory or foreign country, \$150;

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

**20:85:04:07. Birth delivery fee.** The certified professional midwife shall pay a birth delivery fee of \$100 **accompanied by the birth reporting form**, within 30 days of delivery.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-19

## **ARTICLE 20:85:05**

### **DISCIPLINARY PROCEDURES**

#### Section

- 20:85:05:01 Board action in general
- 20:85:05:02 Grounds for denial, revocation, or suspension
- 20:85:05:03 Unprofessional conduct
- 20:85:05:04 Reissuance of revoked or suspended license
- 20:85:05:05 Disciplinary complaints
- 20:85:05:06 Actions which may warrant sanctions
- 20:85:05:07 Disciplinary procedures
- 20:85:05:08 Procedures referred for formal hearing

- 20:85:05:09 Sanctions
- 20:85:05:10 Judicial declaration of incompetence or involuntary commitment
- 20:85:05:11 Petition by board
- 20:85:05:12 Burden of proof
- 20:85:05:13 Respondent's claim of illness or infirmity
- 20:85:05:14 Doctor-patient privilege -- Waiver
- 20:85:05:15 Judicial declaration of competence
- 20:85:05:16 Suspension and probation
- 20:85:05:17 Formal reprimands and hearings
- 20:85:05:18 Board hearings – Procedure
- 20:85:05:19 Appeal from board rulings or decisions

**20:85:05:01. Board action in general.** The board, through a designated investigator shall promptly investigate all complaints filed in writing with the board or the disciplinary committee and violations which come to the attention of one or more board members.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-22, 36-9C-27, 36-9C-5

**20:85:05:02. Grounds for denial, revocation, or suspension.** The board may deny, revoke, or suspend any license or application for licensure to practice as a certified professional midwife or certified professional midwife student in this state, and may take other disciplinary or corrective action upon a showing that the license holder or applicant has committed or violated any of the provisions set forth in 36-9C-22.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-22, 36-9C-5

**20:85:05:03. Unprofessional conduct.** Willfully practicing beyond the scope of practice, violating the terms of suspension or probation ordered by the board or following a course of



conduct or practice in violation of SDCL [36-9C](#) or in violation of this article constitutes unprofessional conduct.

**General Authority:** SDCL [36-9C-32](#)

**Implemented Law:** SDCL [36-9C-22](#), [36-9C-27](#), [36-9C-5](#)

**20:85:05:04. Reissuance of a revoked or suspended license.** A person whose license has been suspended, revoked, surrendered, restricted, conditioned, or otherwise disciplined under the provisions of 20:85:05, may apply for reinstatement once a year or at such shorter intervals as the board may direct in the order of suspension or any modification thereof. Upon receipt of an application for reinstatement, the board may take or direct any action necessary to determine whether the person's disability has been removed, including the examination of the person by a qualified medical expert designated by the board. The person may be directed to pay the expense of the examination. The application for reinstatement shall be granted by the board upon determination that the person's disability has been removed and he or she is fit to resume the practice of certified professional midwifery. The following application reinstatement requirements shall apply:

- (a) Submit a completed reinstatement application and payment of fee;
- (b) Submit evidence of complying with any requirements of a previous Board order;
- (c) Submit evidence that the applicant has corrected the conduct that formed the basis of the discipline of applicant's license and the applicant is able to safely, skillfully, and competently practice; and
- (d) Submit evidence demonstrating just cause for reinstatement.

The Board may request that the applicant appear before the Board if deemed necessary by the Board.

**General Authority:** SDCL [36-9C-32](#)

**Implemented Law:** SDCL [36-9C-26](#), [36-9C-5](#)

**20:85:05:05. Disciplinary complaints.** The board, through its investigator shall promptly investigate any complaints of misconduct or violations filed in writing and signed by a complaining party. The board shall impose appropriate sanctions as established under this chapter to protect the public health, safety, and welfare of the state of South Dakota. The board may also by resolution initiate disciplinary proceedings.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-5

**20:85:05:06. Actions which may warrant sanctions.** The board may impose sanctions based upon any of the following:

(1) Engaging in conduct outside the scope of certified professional midwifery practice including any conduct or practice contrary to recognized standard of ethics of the certified professional midwifery profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice, or condition which does or might impair a certified professional midwife's ability to safely and skillfully practice professional midwifery;

(2) Failure to continue professional education or failure to participate in the required continuing education courses as provided under the provisions of chapter 20:85(will add in when education chapter is written);

(3) Failure to maintain current knowledge of statutes, rules, and regulations regarding the practice of professional midwifery;

(4) Failure to cooperate with and respond in writing within 15 days after personal receipt of any board inquiry or investigation;

(5) Failure to maintain proper patient records on each patient. Patient records must be clear and legible and include:

(a) A description of the patient's complaint;

(b) A history;

(c) A record of diagnostic and therapeutic procedures; and

(d) A record of daily documentation which must include subjective data, objective data, assessment, and plan for the patient's care;

(6) Failure to properly train and supervise staff engaged in patient care;

(7) Conviction of a felony or misdemeanor involving moral turpitude. A copy of the record of conviction certified to by the clerk of the court entering the conviction is conclusive evidence of the conviction;

(8) Fraud, misrepresentation, or deception include the following:

- (a) Practicing or attempting to practice professional midwifery under a false or assumed name;
- (b) Aiding, assisting, or advising another in the unlicensed practice of professional midwifery;
- (c) Fraud or deceit in obtaining a license to practice professional midwifery;
- (d) Making false or misleading statements or withholding relevant information regarding the qualifications of any individual in order to attempt to obtain a license or engage in the practice of professional midwifery;
- (e) Failing to report past, present, or pending disciplinary action by another licensing board or current status of final administrative disposition of a matter. A licensee is required to report any compromise or settlement of disciplinary action, whether voluntary or involuntary, which results in encumbrance of licensure;
- (f) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so; or
- (g) Submitting to any insurer or third-party payor a claim for a service or treatment which was not actually provided to a patient;
- (9) Habitual intemperance in the use of intoxicants or controlled substances to such an extent as to incapacitate the person from the performance of professional duties;
- (10) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party;
- (11) Improperly interfering with an investigation or inspection authorized by statute or under the provisions of article 20:85 or with any disciplinary proceeding;
- (12) Repeated violations of this chapter;
- (13) Receiving three or more negative peer reviews within any twelve-month period.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-22, 36-9C-23, 36-9C-27, 36-9C-5

**20:85:05:07. Disciplinary procedures.** Disciplinary procedures shall be initiated by submission of a written complaint or by resolution of the board. Disciplinary procedures shall be conducted as follows:



(1) Each written complaint or board resolution for disciplinary investigation shall be given to the board investigator. The investigator shall investigate and prepare a report to be presented to the board;

(2) The investigator shall acknowledge receipt of the complaint;

(3) The investigator shall notify the certified professional midwife that a complaint has been received and request a response within 15 days to be mailed to the investigator. The notice shall include the basis for the complaint, including the name of the complaining party, and the name of the investigator assigned to investigate the complaint. A copy of these rules of procedure shall accompany the notice. The certified professional midwife shall promptly and appropriately respond to any request of the investigator;

(4) The investigator shall notify the complainant that the certified professional midwife has been notified of the allegations and requested to respond within 15 days and that the response shall be forwarded to the complainant;

(5) The investigator shall prepare a report to present to the board. The report shall include the identity of the complainant, the allegations which form the basis of the complaint, the position of the certified professional midwife against whom the complaint is lodged, and the proposed action, if any, that should be taken with regards to the complaint;

(6) Upon presentation of the report to the board, the board shall review the report and act upon the information before it, in one of the following manners, to-wit:

(a) Dismiss the complaint if frivolous or clearly unfounded in fact; or

(b) Initiate an informal inquiry or take such further action as the board deems appropriate;

(7) If the board dismisses the complaint, the investigator shall give notice to the complainant and the certified professional midwife that the complaint has been reviewed with the determination that no board action is warranted;

(8) If the board finds the complaint to have merit, the committee shall afford the certified professional midwife complained against a reasonable opportunity to state the certified professional midwife's position with respect to the allegations against the professional. The hearing shall take the form of an informal conference between the board and the certified professional midwife complained against; and

(9) After an informal inquiry, the board may dismiss or, if the complaint has merit, refer for a formal hearing. In lieu of referral for hearing, the board and the certified professional midwife may enter a remedial stipulation satisfactory to both the certified professional midwife and the board. If a remedial stipulation is entered, the referral may not take place if the terms of the remedial stipulation are successfully completed and the board shall notify the complainant

that the matter has been resolved in this manner. The complainant is not entitled to a copy of the remedial stipulation.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:08. Procedures referred for formal hearing.** A formal hearing may be conducted by the board, or a hearing examiner, pursuant to SDCL chapter 1-26.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:09. Sanctions.** The board may impose any of the following sanctions or a combination thereof:

- (1) Formal reprimand;
  - (2) Probation of license to practice professional midwifery in the state of South Dakota;
  - (3) Suspension of license to practice professional midwifery in the state of South Dakota;
  - (4) Revocation of license to practice professional midwifery in the state of South Dakota;
- or
- (5) Restitution and payment of all expenses of the investigation and proceedings.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:10. Judicial declaration of incompetence or involuntary commitment.** If a person licensed or certified by this board has been judicially declared incompetent or involuntarily committed to a mental hospital or treatment center, the board of certified professional midwives, upon proof of the fact, shall enter an order either placing the person on inactive status or suspending the person from the practice of professional midwifery for an indefinite period until further order of the board. A copy of the order shall be served upon the person, the person's guardian, and the director of the mental hospital by certified mail, return receipt requested.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-29, 36-9C-23, 36-9C-5

**20:85:05:11. Petition by board.** If any interested person petitions the board or the disciplinary committee to determine whether a person licensed or certified by this board is incapacitated by reason of mental infirmity or illness or because of addiction to drugs or intoxicants, the board may take action to determine whether the person is so incapacitated, including the examination of the person by such qualified medical experts as the board designates. If the board concludes that the person is incapacitated from continuing to practice professional midwifery, it shall enter an order either placing the person on inactive status or suspending the person on the ground of the disability for an indefinite period until further order of the board. Any pending disciplinary proceeding against the person shall be held in abeyance. The board shall provide notice to the respondent of proceedings in the matter in accordance with SDCL chapter 1-26 and may appoint an attorney to represent the respondent if the person is without representation.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-24, 36-9C-29, 36-9C-5

**20:85:05:12. Burden of proof.** In a proceeding seeking an order of inactive status, probation, or suspension based upon the reasons set forth under 20:85:05:11 or 20:85:05:12, the burden of proof shall rest with the party filing the complaint. In a proceeding seeking an order terminating inactive status or suspension, the burden of proof shall rest with the person who is inactive or suspended.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:13. Respondent's claim of illness or infirmity.** If, during the course of a disciplinary proceeding, the respondent contends that he is suffering from a disability by reason of mental or physical infirmity or illness or addiction to drugs or intoxicants, which makes it impossible for the respondent to present an adequate defense, the board shall enter an order immediately suspending the respondent from continuing to practice professional midwifery until a determination is made of the respondent's capacity to continue to practice in a proceeding instituted in accordance with the provisions of 20:85:05:13. If the board determines that the respondent is not incapacitated from practicing, it shall take such action as it deems advisable, including a direction for the resumption of the disciplinary proceeding against the respondent.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-24, 36-9C-5



**20:85:05:14. Doctor-patient privilege -- Waiver.** The filing of an application for reinstatement by a person placed on inactive status or suspended for disability constitutes a waiver of any doctor-patient privilege with respect to any treatment of the person during the period of disability. The person shall disclose the name of every psychologist, physician, and hospital by whom or in which the person has been examined or treated since being placed on inactive status or suspension. The person shall furnish to the board written consent to each to divulge the information and records requested by board-appointed medical experts.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:15. Judicial declaration of competence.** If a person has been suspended by an order in accordance with the provisions of 20:85:05:11 or 20:85:05:12, and has thereafter been judicially declared to be competent, the board may dispense with further evidence showing the disability has been removed and may direct reinstatement.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:16. Suspension and probation.** The period of probation or suspension ordered pursuant to § 20:85:05:11 or 20:85:05:12 may not exceed five years. The conditions of probation may include one or more of the following:

- (1) Additional mandatory continuing education;
- (2) Restitution;
- (3) Payment of all expenses of the investigation and proceedings; and
- (4) Mental health or alcoholism treatment.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:17. Formal reprimands and files.** The board shall keep a permanent file of all complaints made to or by the board which result in an inquiry being directed to a licensee and a permanent file of board action taken, including formal reprimands. In considering action in a case, the board shall take into consideration at the hearing the past actions of the licensee or holder of a certificate, extending an opportunity to the person to rebut or explain such past actions and files. The files are confidential except to board members acting within the scope of

their duties and to the person or person's attorney or representative desiring to see the person's file.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:18. Board hearings -- Procedure.** Those portions of the rules of practice in trial courts of record and those portions of SDCL 15 and 1-26 that are consistent with SDCL 36-5 or this article apply to the procedure for hearings held by the board. A record of the hearing in a contested case shall be taken by court reporter or recording equipment. If a transcript is requested, the board may require the person requesting it to pay the reasonable cost of preparing the transcript.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-23, 36-9C-5

**20:85:05:19. Appeal from board rulings or decisions.** Any party feeling aggrieved by any acts, ruling or decision of the board relating to the refusal to grant, suspend or revoke a license shall have the right to appeal pursuant to chapter 1-26.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-25

## **ARTICLE 20:85:07**

### **INFORMED CONSENT**

20:85:07:01 Written informed consent

**20:85:07:01. Written informed consent.** The licensee shall provide to the client written informed consent documents in accordance with SDCL 36-9C-33.

**General Authority:** SDCL 36-9C-32

**Implemented Law:** SDCL 36-9C-33

### Original draft

"This Mission of the South Dakota Board of Certified Professional Midwives is to ensure the health, welfare and safety of clients seeking out-of-hospital midwifery care via licensure of qualified practitioners, enforcement of updated statutes and rules, and expeditious and fair processing of complaints against licensees."

My concerns with the highlighted words in the original draft are as follows:

**"Ensure"** - Despite the fact that this word is used by other boards, it is unrealistic to claim that we can "ensure" anything involving childbirth. As midwives we all agree that there are never any guarantees. I believe this word is misleading and overbearing.

**"Welfare"** - While midwives seek to educate their clients and screen out risks related to pregnancy, birth and postpartum, in my opinion, we are not responsible for our clients' "welfare". My dictionary defines "welfare" as "the good fortune, health, happiness, and prosperity of a person, group or organization".

**"Enforcement"** - When I hear this word, I think of policemen. I myself had had police in my driveway, serving me papers in 1989, when the Wyoming State Board of Medicine sued me for practicing medicine. (They lost that case, by the way). I'm open to other interpretations, and yes -- our board at least initiates the "enforcement" of rules. But I can tell you that when Wyoming created a licensing board for midwives, there were some licensees who truly resented the apparent power of the board, even though those same licensees were glad to finally have a license. I agree that this is a very subjective interpretation, but perhaps avoiding the word "enforcement" within the official Mission Statement might prevent similar resentment in South Dakota. (?????)

**"Updated statutes"** - As a board, we really have no authority to update statutes. That is the task of the legislature. In this sentence, the concept is "enforcing" (bad word) the "updated statutes and rules", but could be understood to imply that WE were doing the updating.

### Suggested revision

"The Mission of the South Dakota Board of Certified Professional Midwives is to secure the option of safe, out-of-hospital childbirth attended by licensed and competent midwives, to protect the consumer of midwifery services by holding these midwives accountable to the statutes and rules pertaining to their profession, to update rules as needed to meet current, evidence-based standards of midwifery practice, to license qualified midwives, and to process complaints in a fair and expeditious manner."



**STATE OF SOUTH DAKOTA  
BOARD OF CERTIFIED PROFESSIONAL MIDWIVES**

DRAFT

**APPLICATION FOR SOUTH DAKOTA CERTIFIED PROFESSIONAL MIDWIFE LICENSE**

*Instructions: Please READ All accompanying instructions and preparation checklist prior to completing this application. ALL questions contained in this application MUST be answered and ALL supporting documentation MUST be submitted along with this application. Please type or print neatly. If the space provided in this application is not adequate, attach additional sheets of paper for your responses.*

<b>1. Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>2. Other name or aliases you have used (include maiden name)</b>			
<b>3. Public Mailing Address: (Address of Record – Include Apt. #, City, State, Zip Code)</b>			
<b>4. Telephone Numbers</b>	<b>Home</b> (   )	<b>Work</b> (   )	<b>Cell (if available)</b> (   )
<b>5. Social Security Number</b> _____	<b>6. Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>7. Date of Birth: (Month/Date/Year)</b>
<b>8. Method of Applying (Check only one)</b> <input type="checkbox"/> Midwifery Program <input type="checkbox"/> Renewal			
<b>9. Additional Academic Information: List names and addresses of colleges/universities attended and provide official transcripts:</b>			
<b>Name</b>		<b>ADDRESS</b>	<b>DATES OF ATTENDANCE (From: - To:)</b>
<b>10. If you have completed a MEAC approved midwifery education program, list the name and address of the program and provide official transcripts and an official copy of your diploma. Official copies of diplomas must bear the school seal and the Dean or Registrar's signature. Transcripts must be sent by the institution that conferred thee document/certificate.</b>			
<b>Name</b>		<b>ADDRESS</b>	<b>DATES OF ATTENDANCE (From: - To:)</b>
<b>11. Challenge Mechanism Applicants: Must provide official exam scores (both written and clinical skills assessment ) and Certificate of Satisfactory Completion of Challenge Program. Applicant should request that these documents be prepared and forwarded to the Board of Certified Professional Midwives.</b>			
<b>12. NARM Written Examination Scores:</b> _____ (The official examination scores should be forwarded directly to our office from NARM)			
<b>13. Have you ever been licensed to practice midwifery or any other healing art in another state/country? If yes, list state/country issuing authority, license number, date issued and date of expiration in each issuing agency's jurisdiction. Submit a letter of Good Standing (LGS) from each state in which you are or have held a license.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>14. State or Country</b>	<b>License Number</b>	<b>Date of Issuance</b>	<b>Date of Expiration</b>
<b>Applicant Advisory: For any affirmative response to the following questions, please provide official documentation regarding this matter, in addition to written explanation. If applicable, an applicant should also provide official hearing/court documents. Applicants are also required to report any matter that is "Pending" or in which charges have been dropped or expunged.</b>			
<b>15. Have you ever been charged with, or been found to have committed an act of unprofessional conduct, incompetence, gross negligence, or repeated negligent acts by any other licensing jurisdiction, surrendered a license with charges pending, or have any disciplinary action ever filed or taken regarding any healing arts license which you now hold or have ever held, or is any such action pending?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>16. Have you ever been denied a license, permission to practice midwifery, or any other healing are in this or any other state, or is nay such action pending?</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>17. Have you ever been convicted of or pled nolo contendere to any violation (including misdemeanors and felonies) of any federal, state, or local law of any state, the United States, or a foreign country, or is any such action pending? If YES, provide details on an additional sheet of paper, referencing this question number.</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO



DRAFT

**PHOTO DECLARATION**

PHOTO AREA  
(Not to exceed 2"x 3")  
(within 12 months)  
PHOTO MUST BE OF YOUR HEAD  
AND SHOULDER AREA ONLY

PROOF/NEGATIVE/DIGITAL,  
SCANNED, ALTERED, OR POLAROID  
PHOTOS ARE NOT ACCEPTABLE.

I HEREBY DECLARE AND VERIFY, UNDER PENALTY OF  
PERGURY, UNDER THE LAWS OF THE STATE OF SOUTH  
DAKOTA, THAT THE PHOTO OF MYSELF ATTACHED  
HERETO, WAS TAKEN ON OR ABOUT

\_\_\_\_\_  
Applicant Signature

**APPLICANT DECLARATION, SIGNATURE, & NOTARY**

State of \_\_\_\_\_

County of \_\_\_\_\_

The applicant, \_\_\_\_\_, being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; were not procured with fraud or misrepresentation or any mistake of which h the applicant is aware. Further, I hereby authorize all institutions or organizations, my references, and all government agencies (local, state, federal, or foreign) to release to the South Dakota Board of Certified Professional Midwives or its successors any information, files, or records required by the Board in connection with this application; or my ability to safely engage in the practice of certified professional midwifery. I further authorize the South Dakota Board of Certified Professional Midwives or its successors to release to the organization, individuals, or groups listed above any information which is material to this application or any subsequent licensure. I FURTHER UNDERSTAND THAT FALISIFACATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO SUFFICIENT BASIS FOR DENYING OR REVODING A LICENSE, IF ISSUED.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn (or affirmed ) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, personally known to me or proved to on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

NOTARY SEAL  
HERE

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

CERTIFICATE OF MIDWIFERY EDUCATION

The undersigned certifies under penalty of perjury that the records of this institution show that

\_\_\_\_\_  
FULL NAME OF APPLICANT

\_\_\_\_/\_\_\_\_/\_\_\_\_,  
Social Security Number

\_\_\_\_\_  
DATE OF BIRTH – MM/DD/YYYY

successfully completed a midwifery education program accredited by an accrediting organization approved by the Board, and that the applicant was granted the midwifery diploma at the below mentioned midwifery school on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

MONTH YEAR

\_\_\_\_\_  
NAME OF THE MIDWIFERY SCHOOL

\_\_\_\_\_  
FULL ADDRESS

MIDWIFERY SCHOOL SEAL  
MUST BE IMPRINTED  
BELOW

ATTENTION MIDWIFERY SCHOOL: The person who signs this form MAY NOT be related to the applicant.

Only the president, dean, or registrar may sign the form. If that signature authority is being delegated to another person, evidence of that delegation must be attached to this form (may be a photocopy). Such delegation must be on official letterhead and must be dated within the last 12 months.

By \_\_\_\_\_  
PRESIDENT, DEAN, OR REGISTRAR

Signed and the school seal affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

MONTH YEAR